

Town of Uxbridge – Home Improvement Application

Phone (508) 278-8603 Fax (508) 278-0709 Office Hours: Monday – Friday 8-12 & 1-4

Homeowner (Where work is being done)	Contractor Information
Name _____	Company Name _____
Street _____	Contractor/Owners Name _____
Mailing Address _____	Street Address _____
City/Town _____	City/Town _____
State & Zip Code _____	State & Zip Code _____
Daytime Phone # _____	Phone # _____
Date _____	Home Improvement License # _____

Sub-Contractor's Information if Applicable: Name _____
Address: _____
Phone: _____ License # _____

Work to be Performed and Materials to be used
Describe in DETAIL the work to be completed.

Contractor Agrees To Do the Following Work for Homeowner: _____

Materials Expected to be used:

The following schedule will be adhered to unless circumstances beyond the contractor's control arise:

Work Schedule to Begin: ____/____/____ **Expected Date of Completion:** ____/____/____

TOTAL CONTRACT PRICE

The Contractor agrees to perform the work, furnish the material and labor specified above for the

Sum of \$ _____

Identical copies of this application should go to the homeowner and the contractor.

Homeowner's Signature _____

Contractor's Signature _____

Date _____

Date _____

Permit # _____ **Date:** _____ **Fee \$** _____

Building Inspector _____ **Map** _____ **Parcel** _____

Dated 5-06